

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		Winifred				
	NICKNAME	LAST	SUFFIX			
	Wini	Cannon				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE
<input type="checkbox"/> Change of Address	325 N. St. Paul St	Suite 3100 Dallas		TX	75201	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(972)	325-8856				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		Janice				
	NICKNAME	LAST	SUFFIX			
		Schwarz				
						Receipt #
				Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)	12107 Prestonridge			Dallas	TX	75230
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214)	460-7283				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	/ 1	/ 2017	THROUGH	12	/ 31 / 2017
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3	/ 6	/ 2018	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				County Commissioner-District #2		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Winifred Cannon

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

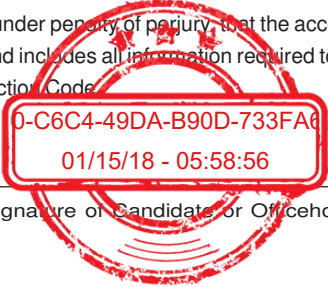
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,660.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 849.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,250.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,500.93
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$160.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
12/21/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Jerry Alexander

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
2500 Renaissance Tower Dallas TX 75270

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Passman & Jones

Date
12/14/17

Full name of contributor out-of-state PAC (ID#: _____)
Carl Tillery

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
4513 Lemon Tree Garland TX 75043

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
12/15/17

Full name of contributor out-of-state PAC (ID#: _____)
Carl Ginsberg

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
2905 Welborn Dallas TX 75219

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

Date
12/12/17

Full name of contributor out-of-state PAC (ID#: _____)
Nancy Mulder Campaign

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6333 E Mockingbird Ln PMB Dallas TX 75214
843

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
11/18/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Anyiam & Anyiam Attorneys At Law

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
11615 Forest Central Dr Dallas TX 75243

8 Principal occupation / Job title (See Instructions)
Attorneys

9 Employer (See Instructions)
Anyiam & Anyiam

Date
11/20/17

Full name of contributor out-of-state PAC (ID#: _____)
Hector Garza Campaign

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
PO Box 225015 Dallas TX 75222

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

Date
11/20/17

Full name of contributor out-of-state PAC (ID#: _____)
Emily Tobolowsky Campaign

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
PO Box 191321 Dallas TX 75321

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

Date
11/20/17

Full name of contributor out-of-state PAC (ID#: _____)
Tracy Holmes

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6531 Patrick Dr Dallas TX 75214

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
11/22/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Ken Tapscott Campaign

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
PO Box 571265 Dallas TX 75357

8 Principal occupation / Job title (See Instructions)
Judge

9 Employer (See Instructions)

Date
11/22/17

Full name of contributor out-of-state PAC (ID#: _____)
William K Tapscott

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
310 Parkview Dr Sunnyvale TX 75182

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

Date
11/22/17

Full name of contributor out-of-state PAC (ID#: _____)
Brenda Thompson Campaign

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
PO Box 224901 Dallas TX 75222

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

Date
11/17/17

Full name of contributor out-of-state PAC (ID#: _____)
Erin Nowell

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6130 Barnacle Dr Dallas TX 75249

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Simon Greenstone Panatier Bartlett, PC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4

2 FILER NAME
Winifred Cannon

3 Filer ID (Ethics Commission Filers)

4 Date
11/17/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Martin Hoffman Campaign

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
PO Box 59642 Dallas TX 75229

8 Principal occupation / Job title (See Instructions)
Judge

9 Employer (See Instructions)

Date
11/17/17

Full name of contributor out-of-state PAC (ID#: _____)
Dale Tillery

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4513 Scenic Circle Garland TX 75043

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

Date
11/17/17

Full name of contributor out-of-state PAC (ID#: _____)
Kristin Wade Campaign

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
PO Box 670081 Dallas TX 75367

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

Date
11/20/17

Full name of contributor out-of-state PAC (ID#: _____)
B.L. Goldstein Campaign

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
PO Box 140940 Dallas TX 75214

Principal occupation / Job title (See Instructions)
Judge

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)			
4 Date 12/22/17	5 Payee name Herve Sivuilu				
6 Amount (\$) \$238.15	7 Payee address; City; State; Zip Code 2305 N Fitzhugh Ave #6 Dallas TX 75204				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/06/17	Payee name Dallas County Democratic Party				
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 4209 Parry Ave Dallas TX 75223				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/13/17	Payee name GoDaddy				
Amount (\$) \$12.78	Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale AZ 85260				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Winifred Cannon	3 Filer ID (Ethics Commission Filers)
4 Date 10/13/17	5 Payee name Winifred Cannon for Commissioner	
6 Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 325 N. Saint Paul St., Dallas TX 75201 Suite 3	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/10/17	Payee name United States Post Office	
Amount (\$) \$60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 400 N. Ervay St. Dallas TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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